CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT JUNE 151998 2.a. NAME OF C	CBILL) KNOWLES						
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE						
2.b. IF COMMITTEE, NAME OF CANDIDATE	MAY 5, 1998						
4.a. CAMPAIGN ADDRESS AND PHONE	1000 12/1/0						
Street or Rural Route City	State Zip Code Phone						
1516 N. CONCORD RD	CHATTA TN. 37421 423/899-6437						
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	7						
Street or Rural Route City	State Zip Code Phone						
OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)						
COUNTY CLERK	BILL KNOWLES						
7. CATEGORY OR REPORT (Check one)	17111 101000102						
PRE-PRIMARY D POST-PRIMARY PRE-GENERAL	□ POST-GENERAL □ SUPPLEMENTAL □ AMENDED □						
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD						
APRIL 26, 1998	JUNE 19, 1998						
9. (Check one)	7						
This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)							
	osure because contributions (including in-kind) received total more than \$1,000						
and/or expenditures total more than \$1,000 for this report	ing period.						
10. I/we do solemnly swear or affirm that the information contained	in this campaign financial disclosure report is true and that this report is an						
	s required to be reported by the candidate committee by the Campaign						
Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other adhpolitical purpose as	no campaign contributions have been expended for the personal financial						
to De H	defined by the lederal internal revenue code.						
MITBURK WOOD Glader	AHBea Though 6/2/60						
signature of candidate date	signature of political treasurer date						
y sup	agrature of political treasurer date						
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE	SWORN TO AND SUBSCRIBED BEFORE ME IN THE						
STATE OF Tenn	STATE OF LINN						
7							
THIS 12 DAY OF Jugal 19 98	THIS 12 DAY OF June 19 98						
Moles D. Frather to	Moluin D' Forth to						
notary public	notary public						
Care 10 2000	() cane 10, 2000						
date commission expires	date commission expires						
valo commission expires	y date continues on expires						
Notary Seal	Notary Seal						
12. SUMMARY	6844 3V						
a. BALANCE ON HAND LAST REPORT							
b. TOTAL RECEIPTS THIS PERIOD							
c. TOTAL DISBURSEMENTS THIS PERIOD							
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)							
e. TOTAL LOANS OUTSTANDING	\$ -0-						
f. TOTAL OBLIGATIONS OUTSTANDING	s <u> </u>						



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
W.F. (Bill) KNOWLES	FROM:4/26/98 TO:6/19/98					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FIGH 4-26-54 TO 6-19-58					
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 150.00					
b. Itemized Contributions (over \$100 from each source this period)	\$ 200.00					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 350.00					
16. LOANS RECEIVED THIS REPORTING PERIOD	2000 D D					
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>-o-</u>					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 350.00					
DISBURSEMENTS	Amount of Control of					
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)					
AD \$ 25	.00					
FLOWERS \$ 33						
DOVATIONS \$ 127	9.00					
OFFICE LUNCHEON + OTHER MEALS \$ 200						
BOOK + MAG. SUB. \$ 41	5.95					
\$\$	Application for the same					
Total of Expenditures (\$100 or less each payee)	s 1584.51					
b. Itemized Campaign Expenditures (Over \$100 each payee this period)	\$ 260.00					
c. Itemized Other Expenditures (Over \$100 each payee this period)	\$ 510.16					
d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.)						
20. LOAN REPAYMENTS MADE THIS PERIOD	so-					
21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.)						
22.IN-KIND CONTRIBUTIONS	Ghuni Botton					
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0-					
b. Itemized in-kind contributions (over \$100 from each source this period)\$ 0						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	0.) \$ -0 -					
23.LOANS	C) Guard State					
LOANS OUTSTANDING (must be shown in item 12.e.)	s0-					
24. OBLIGATIONS	-11					
a. Unitemized Obligations Outstanding (\$100 or less each)	\$					
b. Itemized Obligations Outstanding (Over \$100 each)	s					
c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown i ite	m 12f) -0- s -0+					

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMIT	111)	1400016		1-26-19	TO: 6~/ 4~ 98 Amount
. TOTAL ITEMIZED CAMPAIGN CONT	RIBUTIONS FR	OM PRECEDING PAG	E (enter \$0 if first itemized pa	ge)	200.00
. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEM	ZED CONTRIBUTION (c	contributions totaling more than \$1	00 from any contributo	or)
irst Name H ast Name/Organization Name WAGNER Address J849 N. SItoR6 DR.		Contribution Received For: Primary Election General Election Other Election (Specify)		Amount of Contribution	
CHATTANOOLA	State	Zip Code 37343	Date of Contribution(s) TOWE 8, 1998		Aggregate this Election
irst Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Address			☐ Primary Election ☐ General Election ☐ Other Election (Specify)		delicated to moderate to
Sity	State	Zip Code	Date of Contribution(s)		Aggregate this Election
		100	Charles and		
First Name Middle Name Last Name/Organization Name Address		Contribution Received For: Primary Election General Election Other Election (Specify)		Amount of Contribution	
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election General Election		areal of Especial
Address			Other Election (Specify)	- 7	
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	Annual of Expenditure
Address		Other Election (Specify)			
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election General Election		Tardical Expendition	
Address	,		Other Election (Specify)	
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election
				AND THE PERSON IS	
5. TOTAL ITEMIZED CONTRIBUTION					

ITEMIZED STATEMENT OF OTHER EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVER					And the second s			
W.F.(BIII) KN	TO: 6/19/98							
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 7/0.16								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OTHER EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name S. POSTMASOG	().S. Posymasogr		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name E. BRAINERD RD-			2 2 4	Cana	1/ 6			
Address OHGATTA. TN			POSTAGE	E SYMMYS	/60.00			
City	State	37421						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
KNOWLES								
Address 1516 N. CONCORD RID			(GAS GTZ	DENSE	200.00			
CHATTA.	Stale	Zip Code 37×21	(GAS GTE	.)				
First Name STAPLES OFFICE Last Name@usiness Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name SUPER STORE			FAX MCH + Supplies					
Address 2216 HAMILTON PL. BLUD.		350.16						
CHATTANGOLA	State	Zip Code			750.78			
First Name	√ Middle Nar	37F2/	Purpose of Expenditure		Amount of Expenditure			
Last NamerBusiness Name								
					9).			
Address				_				
City	State	Zip Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address			_		_			
City	State	Zip Code						
First Name	Middle No.		Pumosa of Evana dives		Amount of E-road's			
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
Address				_				
City	State	Zip Code						
5. TOTAL ITEMIZED OTHER EXPENDITURE								
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of other expenditures, this amount must be shown in item 19c. of summary.)					710.16			